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May 1, 2006

I am writing in response to your request for information about the internship program at the Woodburn Center for Community Mental Health. This is an A.P.A. approved program emphasizing the development of clinical and consultative skills within a community mental health setting. Woodburn Center is the oldest and largest government operated mental health center serving the populations of Fairfax County, Fairfax City, the City of Falls Church and the Towns of Vienna and Herndon. Fairfax County is an urban county of 400 square miles and almost one million people. It is the largest political jurisdiction in the Washington, DC area, including the city itself.

A description of the program and of the Center is attached. If you are interested in applying for admission, please provide us with a completed A.P.P.I.C. application form, a curriculum vitae and three letters of reference, two of which should be from clinical supervisors. Also, please send us a transcript of your graduate coursework.

Our period for accepting applications begins on October 1, 2006, and our deadline for receipt of all applications is November 17, 2006. You are encouraged to apply early in this time frame. When we receive your application materials in their entirety, your application will undergo an initial screening. Approximately thirty applicants will be selected for further consideration including an invitation for a personal interview. We regret that telephone interviews cannot be accepted except in extraordinary circumstances.

James A. Thur,
MSW, MPH
*Executive Director,
Fairfax-Falls Church
Community Services
Board*

Mary W. Kudless,
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Woodburn Community Mental Health Center

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We will be participating in the A.P.P.I.C./N.M.S. computer matching program. Our program code number is 160311. You can obtain instructions and download the Applicant Agreement form required to register for the Match from the Matching Program web site at <http://www.natmatch.com/psychint>. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

Thank you for your interest in our program.

Sincerely,

Denise Donatelli, Psy.D.
Director of Clinical Training

MHS Clinical Psychology Pre-Doctoral Internship Program Description

Approved by the American Psychological Association*

VIRGINIA

Computer Matching Program Code: 160311
Woodburn Center for Community Mental Health
3340 Woodburn Road
Annandale, Virginia 22003

Director of Training: *Denise Donatelli, Psy.D.*

Number of Interns: *three*

Number Funded: *three*

Stipends: *Approximately \$29,000.00*

Number of Positions Pre-allocated: *None*

Percentages of time average intern devotes to:

1. *Psychological Assessment: 10 - 15%*
2. *Psychotherapy: 40%*
3. *Seminar Attendance: 15 - 20%*
4. *Consultation: 5 - 10%*
5. *Supervision: 10 - 15%*

Theoretical Orientation: *Eclectic*

Major Theoretical View Represented by Staff: *eclectic, community, psychodynamic, cognitive-behavioral, family systems*

Program Specialization or Restrictions: *Comprehensive Community Mental Health Center*

Requirements:

1. *Third or fourth year students in good standing in A.P.A. approved Ph.D. or Psy.D. program in Clinical Psychology.*
2. *Interest in community mental health.*
3. *Clinical practicum plus courses in personality theory, psychodiagnostics, psychopathology, and psychotherapy.*
4. *Experience with projective test administration and interpretation.*

Starting Date: *September 4, 2007*

* American Psychological Association
750 First Street, N.E.
Washington, D. C. 20002-4242
(202) 336-5979

MHS Clinical Psychology Pre-Doctoral Internship Program

CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM DESCRIPTION

In graduate school, students are provided an intensive introduction to knowledge and skills in clinical theory and research, and are given an introduction to clinical practice. Our internship training program is planned to be the continuation of the preparation of a doctoral student in clinical or counseling psychology - as an entry level professional psychologist - with emphasis on the development of clinical assessment, treatment, and consultation skills, while utilizing knowledge of theory and research. In this approach, the preparation of a professional psychologist includes a continuous integration of theory, research, and practice with each of these sources informing the others. It is a practitioner-scholar model. It is also a model with a strong underpinning of dedication to community psychology - accessible and affordable clinical services, community consultation and community education.

The goals of the program include the mastery of basic assessment, treatment, and consultative skills enabling the graduate intern to provide these services within a community context. It is expected that at the end of the internship year, interns will be able to function independently in clinical situations with limited supervision or staff backup. They will also be able to provide clinical consultation as a psychologist to multidisciplinary teams and inter-agency personnel as well as their colleagues in psychology.

In order to attain these long-term, large-scale goals, specific objectives have been developed within each area of professional functioning as follows:

Assessment

- Accurately administers, scores, and interprets comprehensive psychological test batteries.
- Effectively conducts and documents initial assessments for outpatient and emergency clients.
- Writes reports of psychological assessment in a clear, concise, and timely manner.
- Makes appropriate recommendations and referrals based on these assessments.
- Demonstrates awareness of and sensitivity to individual and cultural diversity in all phases of assessment activity.

Treatment

- Establishes effective therapeutic relationships.
- Develops appropriate treatment plans.
- Conducts individual, group, and family therapy according to supervisory guidelines.
- Considers cultural and individual diversity in planning and implementing treatment.
- Demonstrates knowledge and skills associated with effective case management.
- Incorporates family and community resources in treatment planning and case disposition.

Consultation

- Demonstrates case consultation skills on interdisciplinary teams.
- Shows ability to interact effectively with personnel from community agencies regarding case coordination
- Utilizes knowledge of the role of individual and cultural diversity in these interactions.

The curriculum plan designed to support these goals and objectives is an extensive range of direct service experiences, in the context of ongoing seminars, intensive clinical supervision, and collaboration within the Center and the surrounding human service community. The program is designed for the psychology student who must fulfill the requirements of a one year internship for the degree of Doctor of Philosophy or Doctor of Psychology in Clinical Psychology. It combines structured learning experiences (e.g., seminars, team meetings, workshops) supervised clinical practice with children and adults, and collaboration with professional psychologists and such community service providers as teachers, guidance counselors, police officers, lawyers and probation counselors.

Each intern carries an ongoing caseload of approximately ten clients of wide diversity in terms of age, presenting problem, and demographic variables. Assignment to two multi-disciplinary outpatient teams provides the opportunity to become familiar with basic psychological assessment measures, intake procedures, and team collaboration. Interns present and consult on cases in these teams with clinical psychologists, psychiatrists and clinical social workers. In addition, interns are assigned to one or two on-going groups as co-therapists.

Concurrent with this outpatient assignment, each intern familiarizes herself/himself with the other essential services of a community mental health center by completing a series of eight hour per week rotations on the busy twenty-four hour Emergency Service and the Mobile Crisis Unit. Interns are also given some exposure to court ordered evaluations through either our Child Abuse and Neglect Program or our Juvenile Forensic Program. In these contexts and others, a broad array of assessment and consultative training is provided.

The intern is exposed to an array of experts in particular treatment orientations. A relaxed hierarchy of disciplines permits students accessibility to supervision with psychiatrists, social workers, nurses, and professional counselors, as well as psychologists trained in cognitive and behavioral therapies, short-term and longer term approaches, psychodynamic therapies, family and system therapies, etc. It is required that each intern will have a minimum of two hours of individual supervision per week for the assessment and individual treatment experience. In addition each rotation and the co-therapy experience in group also are individually supervised. Interns also spend approximately ten hours in didactic seminars and/or unit discussions or staffings. The selection of seminars and teams is a decision of the Training Director focusing on matching intern needs and staff expertise.

Throughout the internship, the concept of continuity of care is fostered, with the student expected to conduct case management in addition to therapy, following her or his patient through transfers of service, crisis needs, or requests for consultation with other agencies such as the courts, schools, and the Department of Family Services. The wide gamut of patient population in terms of age, socio-economic status, and type of pathology provides many possibilities for comparing short-term and long-term therapeutic approaches as well as the effectiveness of psychopharmacology and other alternatives to hospitalization.

While all interns complete a general internship with some exposure to many of the Center services, the possibility does exist for intensive child clinical experiences. As one of the earliest A.A.P.C.C. child guidance clinics, the Center has taken particular pride in its youth and family services.

MHS Clinical Psychology Pre-Doctoral Internship Program Description

BREAKDOWN OF TRAINING TIME

This is a full-time program emphasizing community and clinical psychology. The intern will be offered an opportunity to work with a wide range of people with varying degrees of dysfunction. Major training components include experience in psychodiagnosis, individual therapy, group therapy, family therapy, and consultation. A breakdown of the percent of training time that may be spent on various task is presented below.

PSYCHODIAGNOSIS (15%): The intern is expected to be able to administer various types of intelligence and personality tests including projective techniques, tests for organicity and learning dysfunctions and occasional batteries of achievement and aptitude tests for vocational guidance. Written reports on all testings are submitted and, in addition, the ability to share test findings with members of other disciplines in a case conference format is cultivated. Each intern is expected to see at least ten cases for psychological testing during the year. Efforts are made to insure a wide variety of cases among children, adolescents and adults, with diagnoses and conditions including learning disabilities, developmental deficits, conduct disorders, ADHD, major mood disorders, personality disorders, psychosis spectrum disorders, organicity, etc. In addition, interns are asked to work with court services, school systems, and referring physicians on a collaborative basis. Each intern is assigned to a supervisor skilled in the area of psychological assessment for intensive supervision. In addition, interns meet for two hours a week in a diagnostic seminar where they present cases and discuss varying points of view about test constructs, assessment techniques, and modalities, and the production of reports that address referral questions with useful clinical information.

DIAGNOSTIC INTERVIEWING (10%): Interns are assigned to conduct intake assessments/interviews with children, families and adults on a weekly, rotating basis. The intern attends an intake seminar during her/his first few weeks at the Center where interviewing skills are reviewed and the intern's apprehensions about being left alone with troubled people in a crisis can be shared.

CRISIS INTERVENTION (10%): Interns complete a six week, eight hours a week rotation in Emergency Service in the Center talking with walk-in patients and handling telephone requests for service and information. Training in crisis techniques and the use of other community resources are provided. Interns may also be involved in telephone triage when clients first call the system for services. An additional four week ride-along rotation on the Mobile Crisis Unit provides a front line, in- community setting with patients who are often in life-threatening crises, but who are unable or unwilling to make use of walk-in emergency services. When events occur during their rotation shifts, interns may be invited to observe specialized MCU functions such as Hostage/Barricade response with the SWAT Team and police negotiators, and Critical Incident Stress Management responses, including debriefings for public safety personnel exposed to traumatic situations.

INDIVIDUAL PSYCHOTHERAPY (25%): While the interns are encouraged to learn about the community and life situations of the population served, the ability to work with a troubled person or family is considered basic to training in clinical psychology. Interns are expected to maintain at least ten patients in psychotherapy as a means of becoming familiar with basic psychotherapeutic concepts and techniques. The trainee is also asked to become

familiar with effective focused intervention models. The wide range of the Center population allows the intern to see children, adolescents and adults. Interns may work with other staff members in a child guidance fashion or consider seeing several members of a family using a family therapy model.

GROUP THERAPY (10%): Center staffs see many patients in group formats using both open ended and time limited models. Interns are typically assigned as co-therapists to one or two groups from the out-patient service. Supervision for all groups is provided by the staff therapist for that group during the wrap-up session that follows the group's regular meeting.

FAMILY THERAPY (5%): A growing group of Center staff use the approach as a regular part of their work with patients and provide interns with the opportunity to observe and work as co-therapists with families in either a single family or multiple family situation. An ongoing seminar acquaints the intern with several family therapy models and provides group supervision of family therapy cases, when they are available.

CONSULTATION (5%): Center staff are involved in consulting with many agencies and helping personnel in the community, such as schools, the Department of Family Services, and Probation. The active collaboration of Emergency Services and MCU with police, fire and rescue, schools, social service agencies and other agencies is another example.

STAFF AND CLINICAL TEAM MEETINGS (5%): Communication about Center administrative affairs and patient decisions are handled by means of general staff and team meetings. Here the intern can observe and participate in the development of Center policies and programs and become active, members of the teams on which they function.

SEMINARS (15%): Seminars in Psychodiagnostics, Family Therapy, Play Therapy and Individual and Cultural Differences, as well as diagnostic staff conferences, and outside speakers provide a forum for broad professional training. The exchange of ideas with members of other disciplines, and an exposure to different points of view is cultivated on both a formal meeting level and through informal interchanges.

THE WOODBURN CENTER

The Woodburn Center for Community Mental Health began in 1946 as the Fairfax County Child Consultation Service. When the National Mental Health Act was passed in 1948, matching federal funds became available for development and expansion. By 1950, the Service had changed its name to the Fairfax Child Guidance Clinic and was part of the Virginia Department of Mental Hygiene and Hospitals. It is the second oldest public outpatient psychiatric clinic in Virginia. The clinic continued to grow rapidly and, in 1960, added services for adults. The name was changed from a child guidance clinic to a clinic that included services for adults.

In 1968 there was further growth with the addition of the South County Mental Health Center, now known as Mount Vernon Center for Community Mental Health. In August 1973, the Fairfax-Falls Church Mental Center moved from its old location at Seven Corners to the present facility and changed its name to the Woodburn Center. The building of over 300,000 square feet was constructed with federal funds under provisions of the Community Mental Health Center's Act of 1963. In April 1974, Woodburn Center received a Federal Staffing Grant, thus changing its name to the Woodburn Center for Community Mental Health, and the Center was mandated to offer five essential services: Outpatient Services, Inpatient Services, twenty-four hour Emergency Services, Partial Hospitalization, and Consultation and Education. Woodburn Center does not currently offer any inpatient services.

In July 1974, the Woodburn Center transferred from a State agency to a Fairfax County agency. Funding for the Center has been derived from the Federal Government N.I.M.H. Staffing Grant, Fairfax County, the Cities of Fairfax and Falls Church, the Commonwealth of Virginia, and client fees for services which are set on an "ability to pay" schedule. In March 1982, the Center completed its Federal Grant and no longer is funded with federal dollars.

In July of 1995, the mental health system of Fairfax County was re-organized by clinical function. The previous system of three mental health centers was restructured into one mental health organizational entity with six major sites and many residential facilities. However, the same array of services, some of them revised and updated to meet the changing healthcare environment, are being provided with continued emphasis on efficiency and effectiveness. The Woodburn Center has now completed more than fifty years of service to the residents of central Fairfax County, the cities of Falls Church and Fairfax, and northern Virginia in general.

Statement of Center Philosophy

The Woodburn Center for Community Mental Health is committed to providing quality service which is readily accessible and responsive to the mental health needs of residents in our community.

Our mission has two major thrusts: the first is that of serving individuals and families who come to the Center in need of assistance. The second is that of strengthening and supporting existing formal and informal support networks in the community dealing with mental health, mental retardation, and alcohol and substance abuse services.

The primary objective of every service is to assist each client in achieving the highest level of personal adjustment possible while remaining in the community as a functional citizen. We believe that the most effective treatment can be provided by mental health

professionals using an interdisciplinary team approach which assures the client's receiving the most appropriate form of intervention.

Equally as important as direct treatment are the consultation and education aspects of the Center's mission, designed to promote mental health in the community. This requires that the Center take the initiative in providing training and supportive consultation for those community caregivers, agencies, and institutions that provide support to area residents. Workshops and seminars for the general public dealing with ways to increase their level of functioning, reduce the likelihood of mental dysfunction. These outreaching involvements aid in the education of community residents about mental health in general and helps to involve a widening circle of residents in programs assisting the broader spectrum of community development. For example, in the wake of the attacks of September 11, 2001, the mental health system applied for and received a Federal grant to provide outreach post-trauma interventions in the community targeted at multiethnic populations, geriatric populations, children, and individuals who lost family members or friends at the Pentagon.

The Center provides services to individuals experiencing problems or inquiring about mental health, mental retardation and/or substance abuse issues and programs. Specific programs provided by the Woodburn Center include outpatient services for adults, children and adolescents, a comprehensive community support service for the seriously mentally ill, emergency services (twenty-four hours a day/seven days a week) including a mobile crisis unit, and a broad spectrum of adult and youth residential services offering varying balances of supervision and independence in group homes, hospital to community transitional settings, apartments, etc.

Other specialized services include a Forensic Unit at the Adult Detention Center; a geriatrics outreach program; mental retardation resource team; diagnostic services for the Juvenile Court, and dual diagnosis and treatment services for those experiencing both mental health and substance abuse problems.

The Center has a staff of approximately 185 clinical and support personnel.